

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10943	Date: August 11, 2021
	Change Request 12364

SUBJECT: Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2022

I. SUMMARY OF CHANGES: A new IRF PRICER software package will be released prior to October 1, 2021, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2021, through September 30, 2022. Chapter 3, section 140.2 of publication 100-04 Medicare Claims Processing Manual is being updated accordingly.

EFFECTIVE DATE: October 1, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/ 140.2/ Payment Provisions Under IRF PPS

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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I. GENERAL INFORMATION

A. Background: On August 7, 2001, CMS published in the **Federal Register** a final rule that established the PPS for IRFs, as authorized under §1886(j) of the Social Security Act (the Act). In that final rule, CMS set forth per discharge Federal rates for Federal Fiscal Year (FY) 2002. These IRF PPS payment rates became effective for cost reporting periods beginning on or after January 1, 2002. Annual updates to the IRF PPS rates are required by §1886(j)(3)(C) of the Act.

B. Policy: The FY 2022 IRF PPS Final Rule sets forth the prospective payment rates applicable for IRFs for FY 2022. A new IRF PRICER software package will be released prior to October 1, 2021, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2021 through September 30, 2022. The new revised Pricer program shall be installed timely to ensure accurate payments for the IRF PPS claims with discharges occurring on or after October 1, 2021 through September 30, 2022.

1. PRICER Updates: For IRF PPS FY 2022 (October 1, 2021 – September 30, 2022)

- The standard Federal rate is: \$17,240
- The adjusted standard Federal rate is: \$16,901
- The fixed loss amount is: \$9,491
- The labor-related share is: 0.729
- The non-labor related share is: 0.271
- Urban national average Cost-to-Charge Ratio (CCR) is: 0.394
- Rural national average CCR is: 0.478
- The Low Income Patient (LIP) Adjustment is: 0.3177
- The Teaching Adjustment is: 1.0163
- The Rural Adjustment is: 1.149

Section 1886(j)(7)(A)(i) of the Act requires application of a 2-percentage point reduction of the applicable market basket increase factor for IRFs that fail to comply with the quality data submission requirements. The mandated reduction will be applied in FY 2022 for IRFs that failed to comply with the data submission requirements during the data collection period January 1, 2020 through December 31, 2020. Thus, in compliance with 1886(j)(7)(A)(i) of the Act, CMS will apply a 2-percentage point reduction to the applicable FY 2022 market basket increase factor (1.9 percent) in calculating an adjusted FY 2022 standard payment conversion factor to apply to payments for only those IRFs that failed to comply with the data submission requirements.

Application of the 2-percentage point reduction may result in an update that is less than 0.0 for a fiscal year and in payment rates for a fiscal year being less than such payment rates for the preceding fiscal year. Additionally, reporting-based reductions to the market basket increase factor will not be cumulative; they

will only apply for the FY involved.

The adjusted FY 2022 standard payment conversion factor that will be used to compute IRF PPS payment rates for any IRF that failed to meet the quality reporting requirements for the period from January 1, 2020 through December 31, 2020 will be \$16,901.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12364.1	Contractors shall update the PRMODERN PARM's IRF Pricer date range to 2015 – 2022 to call the FY 2022 IRF PPS Pricer to pay IRF claims for discharges on or after October 1, 2021.	X									
12364.2	Contractors shall ensure all Supplemental Wage Index Indicator and Supplemental Wage Index data added to provider files in FY 2021 are blanked out in FY 2022 provider files.	X									
12364.3	As specified in publication 100-04, Medicare Claims Processing Manual, chapter 3, section 20.2.3.1, Medicare contractors shall maintain the accuracy of the data and update the PSF file as changes occur in data element values.	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
12364.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get	X					

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	article release notifications, or review them in the MLN Connects weekly newsletter.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Catherine Cooksey, catherine.cooksey@cms.hhs.gov , Susanne Seagrave, susanne.seagrave@cms.hhs.gov , Anthony Hodge, anthony.hodge@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

140.2 - Payment Provisions Under IRF PPS

(Rev. 10943; Issued: 08-11-21; Effective: 10-01-21; Implementation: 10-04-21)

Section 1886 of the BBA provides the basis for establishing the Federal payment rates applied under PPS to IRFs. The PPS incorporates per discharge federal rates based on average IRF costs in a base year updated for inflation to the first effective period of the system.

IRF PPS providers are not subject to the 3-day payment window for pre-admission services, but are subject to the 1-day payment window for pre-admission services.

Beneficiary liability will operate the same as under the current Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) payment system. Even if Medicare payments are below cost of care for a patient under prospective payment, the patient cannot be billed for the difference in any case.

Below are the annual rate update Change Requests (CRs) for the applicable Fiscal Years

(FYs):

FY 2022 – CR 12364

FY 2021 – CR 11858

FY 2020 – CR 11345

FY 2019 – CR 10826

FY 2018 – CR 10125

FY 2017 – CR 9669

FY 2016 – CR 9236

FY 2015 – CR 8788

FY 2014 – CR 8326

FY 2013 – CR 7901

FY 2012 – CR 7510

FY 2011 – CR 7076

FY 2010 – CR 7029

FY 2010 – CR 6607

FY 2009 – CR 6166

FY 2008 – CR 5694

FY 2007 – CR 5273

FY 2006 – CR 4037

FY 2005 – CR 3378

FY 2004 – CR 2894

FY 2003 – CR 2250

Change Requests can be accessed through the following CMS Transmittals Website:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html>